

STATE OF DELAWARE
COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

Form 305

EMPLOYEE'S CERTIFICATE

Name of Employee: _____

Nicknames or Aliases: _____

Social Security No.: _____ (ATTACH SEPARATE COPY)

Date of Birth: _____

Driver's License No.: _____ (ATTACH SEPARATE COPY)

Residential Address: _____

City/State/Zip: _____

Place of Employment: _____

Address: _____

City/State/Zip: _____

Employer Phone No.: _____

ATTACH CURRENT
2"X 2"
COLOR PHOTO

ACKNOWLEDGEMENT

I, _____, do hereby acknowledge that

I am employed by _____ in capacity of a

_____ at the _____

located at _____

for which a license has been or will be issued to _____.

Signature of Employee

Date

Notary Public
My commission will expire on _____

FORM 305 EFFECTIVE 3/79

REVISED: 7/80, 7/01